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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b>  <b>(37 CFR 1.63)</b>	ATTORNEY DOCKET NUMBER	
	FIRST NAMED INVENTOR:	
	<i>COMPLETE IF KNOWN</i>	
<input type="checkbox"/> Declaration Submitted with Initial Filing  <b>OR</b>  <input type="checkbox"/> Declaration Submitted After Initial Filing surcharge (37 CFR 1.16(e))	Application Number	
	Filing Date	
	Art Unit	
	Examiner Name	

I HEREBY DECLARE THAT:

Each inventor's residence, mailing address, and citizenship are as stated below next to my name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## MOULD-STRIPPING METHOD

*(Title of Invention)*

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) **March 18, 2004** as United States Application Number or PCT International

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by the drawings specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	COUNTRY	Foreign Filing Date (MM/DD/YYYY)	Priority Claimed	Certified Copy Attached YES	NO
0303503	FRANCE	03/21/2003	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office., U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. **SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450**

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

## DECLARATION - Utility or Design Patent Application

Direct all correspondence to:  Customer Number  or  Correspondence address below

NAME **BARNES & THORNBURG LLP**

ADDRESS One North Wacker Drive – Suite 400

CITY CHICAGO	STATE Illinois	ZIP 60606-2833
COUNTRY USA	TELEPHONE 312-357-1313	FAX 312-759-5646

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

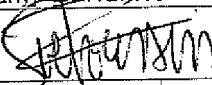
<b>NAME OF SOLE OR FIRST INVENTOR</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]): Isabelle		Family Name or Surname: DUBOIS	
Inventor's Signature 		Date: October 24, 2005	
Residence: City AVON	State:	Country: FRANCE	Citizenship: FRANCE
Mailing Address: 6, rue du Viaduc – F-77210 AVON - France	Apt.		
City: AVON	State:	Zip: 77210	Country: FRANCE

<b>NAME OF SECOND INVENTOR:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]): Martin		Family Name or Surname: MOSQUET	
Inventor's Signature 		Date: October 20, 2005	
Residence: City BOURGOIN-JALLIEU	State:	Country: FRANCE	Citizenship: FRANCE
Mailing Address: 16 Rue de l'Orme – 38300 BOURGOIN-JALLIEU - France			
City: BOURGOIN-JALLIEU	State:	Zip: 38300	Country: FRANCE

Additional inventors or a legal representative are being named on  supplemental sheet(s) PTO/SB/02A or 02LR are attached

**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental Sheet

Page \_\_\_\_\_ of \_\_\_\_\_

**Name of Additional Joint Inventor, if any:** A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any]) SandrineFamily Name  
or Surname REBOUSSINInventor's  
Signature  
Date: October 17, 2005Residence: City PITHIVIERS

State: \_\_\_\_\_

Country: FRANCECitizenship: FRANCEMailing Address: 5, allée des  
frères Lumière – 45300  
PITHIVIERS - FranceCity: PITHIVIERSState: FRANCEZip: 45300Country: FRANCE**Name of Additional Joint Inventor, if any:** A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any])Family Name  
or SurnameInventor's  
Signature

Date: \_\_\_\_\_

Residence: City

State: \_\_\_\_\_

Country: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Mailing Address:

City: I

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Country: \_\_\_\_\_

**Name of Additional Joint Inventor, if any:** A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any])Family Name  
or SurnameInventor's  
Signature

Date: \_\_\_\_\_

Residence: City

State: \_\_\_\_\_

Country: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Mailing Address

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